

AERC 100-mile Failure to Finish - rider questionnaire
(Adapted from Michigan State University's Failure to Finish Form)

(All horse questions refer to the horse ridden in this event)

1. **Ride (name and date)** _____
2. **Status at end of ride** Completed Metabolic pull Lameness pull Rider option pull

3. **Background information about the rider and owner**

AERC#: _____ Name: _____

Email _____ Best contact telephone number: _____

Address: _____

years as AERC member: _____

Division: Junior (<16 yrs) Featherwt (<160 lbs) Lightwt (161-185 lbs)
Middlewt (186-210 lbs) Heavywt (>211 lbs)

Owner same as rider: Y N

If no: AERC#: _____ Name: _____ Best contact number: _____

Address: _____

4. **Background information about the horse**

Horse name: _____

Horse AERC #: _____ Age: _____

Sex: Mare Gelding Stallion

Breed: Arab Part Arab Other _____

Years ridden endurance: _____

Date of last ride prior to this event: _____

Number of lifetime metabolic pulls: _____

Date of last metabolic pull: _____

Number of lifetime lameness pulls: _____

Date of last lameness pull: _____

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5. On the horse you are currently riding, how many rides did you compete in and successfully completed in the 2011 and 2012 seasons?

2011 - 25-75-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2011 - 100-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2012 - 25-75-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2012 - 100-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

6. On the horse you are currently riding, how many rides have you competed in and unsuccessfully completed in the 2011 and 2012 seasons?

2011 - 25-75-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2011 - 100-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2012 - 25-75 miles: 0 1 2 3 4 5 6 7 8 9 10 >10

2012 - 100-miles: 0 1 2 3 4 5 6 7 8 9 10 >10

7. On the horse you are currently riding, how many rides were not completed due to?

2011 - 25-75 m: ___ Lamé ___ Metabolic ___ RO-L ___ RO-M ___ Other ___

2011 - 100 m: ___ Lamé ___ Metabolic ___ RO-L ___ RO-M ___ Other ___

2012 - 25-75 m: ___ Lamé ___ Metabolic ___ RO-L ___ RO-M ___ Other ___

2012 - 100 m: ___ Lamé ___ Metabolic ___ RO-L ___ RO-M ___ Other ___

8. Medical history within the past 12 months Check all medical problems, for **all yes answers**, please check Vet and Schedule boxes **only if** the problems required examination by a veterinarian or interfered with training or competition schedule:

Colic: Y N Vet Schedule

Stomach ulcers: Y N Vet Schedule

- confirmed by stomach scope Y N

Tying-up / muscle cramping: Y N Vet Schedule

Thumps: Y N Vet Schedule

Respiratory problems: Y N Vet Schedule

Fever: Y N Vet Schedule

Diarrhea: Y N Vet Schedule

Tack/girth wounds: Y N Vet Schedule

Injuries: Y N Vet Schedule

Other: Y N Vet Schedule

Comments: _____

9. Check all lameness problems within the last 12 months. For all yes answers, please check Vet and Schedule boxes **only if** the problems required examination by a veterinarian or interfered with training or competition schedule:

Forelimb:

- Foot / hoof problems: Y N Vet Schedule
- required trimming/shoeing change Y N
- Training wounds (overreaching, interference, sand abrasions, etc.) Y N Vet Schedule
- Fetlock (ankle): Y N Vet Schedule
- Canon bones/splints: Y N Vet Schedule
- Knees (carpi): Y N Vet Schedule
- Above knees: Y N Vet Schedule
- Other: Y N Vet Schedule

Hindlimb:

- Foot / hoof problems: Y N Vet Schedule
- required trimming/shoeing change Y N
- Training wounds (overreaching, interference, sand abrasions, etc.) Y N Vet Schedule
- Fetlock (ankle): Y N Vet Schedule
- Canon bones/splints: Y N Vet Schedule
- Hocks: Y N Vet Schedule
- Above hocks: Y N Vet Schedule
- Other: Y N Vet Schedule

Comments: _____

10. Were medications used within the last 12 months? Y N If yes, continue to next question, if no provide details

- NSAIDs (Bute/Banamine/Equioxx): Y N
- prescribed by vet: Y N

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- Systemic corticoids (prednisolone, dexamethasone, PO, IM or IV): Y N
- prescribed by vet: Y N
- Intra-articular corticoids (Depo-medrol, triamcinolone, IA = into joint): Y N
- prescribed by vet: Y N
- Other anti-inflammatory agents (MSM, devils claw, etc.): Y N
- prescribed by vet: Y N
- Adequan (PSGAG): Y N
- prescribed by vet: Y N
- Legend (HA): Y N
- prescribed by vet: Y N
- Antibiotics: Y N
- prescribed by vet: Y N
- GastroGard: Y N
- prescribed by vet: Y N
- UlcerGard: Y N
- prescribed by vet: Y N
- Sucralfate (Carafate): Y N
- prescribed by vet: Y N
- Antacids: Y N
- prescribed by vet: Y N
- Other drugs **to treat** stomach ulcers: Y N
- prescribed by vet: Y N
- Other drugs **to prevent** stomach ulcers: Y N
- prescribed by vet: Y N
- Other drugs (list in comments): Y N
- prescribed by vet: Y N

Comments (list frequency and duration of treatment[s] for each medication):

11. Were any surgeries performed? Y N If yes, please describe below, if no go to next question

Comments: _____

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12. Were there any other reason(s) for a lapse in training or competition within the past 12 months? Y N

If yes, please describe below, if no go to next question

Comments: _____

13. Routine hoof care within the past 12 months

Is your horse shod? Y N / front hind
year-round training/competition only

Front feet: traditional shoes other type shoes (aluminum, glue on, other)
pads

Hind feet: traditional shoes other type shoes (aluminum, glue on, other)
pads

Were the hooves trimmed (or shod) in the week prior to the ride? Y N

Was a shoe lost during the week prior to the ride? Y N

Comments: _____

14. Training schedule (once horse is considered fit to compete in 100-mile rides)

How many miles a month do you train (on average after horse is fit, assuming one competition ride a month and not including competition miles)?

< 50 50-100 100-150 150-200 >200

How many days a month do you train (on average after horse is fit, assuming one competition ride a month and not including competition miles)?

< 5 5-10 10-15 15-20 >20

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Do you combine train with other types of riding (e.g., dressage, etc.)

Y N Comments: _____

How many 100-mile rides do you plan to compete in 2013?

1 2 3 4 5 > 5

How many 50-mile rides do you plan to compete in 2013?

1 2 3 4 5 > 5

15. Diet (during training)

Primary forage (>50%): pasture hay

If hay - grass hay oat hay alfalfa grass-alfalfa mix hay cubes
(can check more than one)

Concentrate fed: Y N meals/day 1 2 3 >3

Product fed: _____

Beet pulp fed: Y N

If yes – year round during training at competitions
(can check more than one)

Supplemental fat: Y N if yes - vegetable oil rice bran other

Product fed: _____ amount fed: _____

Supplemental salt provided: Y N block salt loose salt

If loose salt – mixed with or top-dressed on concentrate

Amount/day: ~1 oz (30 ml) ~2 oz (60 ml) ~3 oz (90 ml) > 3 oz

Product name: _____

Other supplements fed:

Product name _____

reason used _____

Product name _____

reason used _____

Product name _____

reason used _____

Product name _____

reason used _____

16. Electrolyte use (during training)

Are additional electrolytes (beyond those in feed) administered during training:

Y N

If yes, prior to training ride during ride after ride

(can check more than one)

Amount/ride (minimum): ~1 oz ~2 oz ~3 oz > 3 oz

Varies with distance of training ride Y N

Product name: _____

How administered? mixed with water mixed with feed

syringe into mouth other

(can check more than one)

If administered into mouth, what are electrolytes mixed with?

Nothing commercial paste applesauce yogurt antacid other

17. Were there any changes in the diet, electrolyte use, or supplement use in the week before the ride?

Y N Comments: _____

18. Diet (immediately prior to this specific competition):

Primary forage (>50%): grass at camp hay

If hay - grass hay oat hay alfalfa grass-alfalfa mix hay cubes

(can check more than one)

Did you bring your own hay Y N If no, was there a change in

hay type for this ride Y N

Was the amount of hay fed at all limited during the 8-12 hours before the

ride? Y N

Was appetite for hay normal? Y N

if no, please comment _____

Concentrate fed? Y N

Product fed: _____

Did you bring your own feed? Y N If no, was there a change in

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concentrate feed for this ride Y N

Was concentrate fed the evening before the ride? Y N

Meal size: less than usual usual amount more than usual

Was concentrate fed within 3 hours of the ride start? Y N

Meal size: smaller than usual usual amount more than usual

Was appetite for concentrate normal? Y N

if no, please comment _____

Beet pulp fed? Y N if yes, then

Product fed: _____

Was beet pulp fed the evening before the ride? Y N

How fed: mixed with concentrate separate from other feed

Amount fed: less than usual usual amount more than usual

Was beet pulp fed within 3 hours of the ride start? Y N

Amount fed: less than usual usual amount more than usual

Was appetite for beet pulp normal? Y N

if no, please comment _____

Supplemental fat: Y N if yes - vegetable oil rice bran other

Product fed: _____

Was fat fed the evening before the ride? Y N

How fed: mixed with concentrate oral syringe (oil)

Amount fed: less than usual usual amount more than usual

Was fat fed within 3 hours of the ride start? Y N

Amount fed: less than usual usual amount more than usual

Electrolyte use (pre-ride):

Were additional electrolytes administered the day before the ride? Y N

How administered? mixed with water mixed with feed

syringed into mouth other

(can check more than one)

Number of times administered: 1 2 3 >3

Total amount: ~1 oz ~2 oz ~3 oz > 3 oz

Product name: _____

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Were any additional supplements fed immediately prior to this ride? Y N
if yes, please comment _____

19. Trailering?

How far did you have to trailer your horse to this ride:

<100miles 100-200m 200-300m 300-500m 500-1000m >1000m

How long did it take:

<2hr 2-5hr 5-10hr 10-20hr >20hr

How many days did you trailer: _____

How long before the ride did you arrive:

Earlier than day before (note how many days): _____

Day prior: Morning Afternoon Evening

Day of ride (after midnight but before ride start)

Was food was made available to your horse while in the trailer: Y N

Hay: Y N free choice other amount _____

Water: Y N free choice other amount _____

Grain: Y N amount _____

By the ride start, how did your horse appear to have recovered from trailering?

better than usual as usual not as well as usual poorly

20. At camp, how did you contain your horse? Corral Tied up

Ride Details and Horse Management during the Ride

21. Pulse criterion? _____

22. Maximum time to pulse recovery at finish? _____

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23. Terrain? Hilly flat Mixed

24. Footing was primarily? (check all appropriate) Dirt Sandy Gravel
Pavement Mixed

25. What was the weather? (check all appropriate)

Cold/Cool (<60F) Mild/Warm (60-80F) Hot (>80F)

Snowing Raining Windy Sunny Overcast

Low Humidity Average Humidity High Humidity

26. Feeding, drinking, and supplementation during the ride and vet checks?

While on the trail: Y N

How often did you allow your horse to drink:

At each vet check: Y N **and** on each loop: 1 time 2-3 times >3 times

How often did you feed your horse during the ride (can check 2 of 3):

At each vet check At the midpoint only

Allowed to graze on trail

At vet checks, what was fed: (can circle more than one) Graze grass hay grain
mash beet pulp

Did you use any electrolyte supplements during the ride Y N

Product name: _____

Describe mix if homemade: _____

How often: Every 1hr 2hr 3hr 4hr less often

Every 12.5 mi 25 mi 50 mi

How much (each time) _____

Administered: mixed with water oral drench in grain other

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Did you use any probiotics or other non-electrolyte supplements during the ride:

Y N

Product name: _____

Describe mix if homemade: _____

Were they given: on the trail at vet checks both

How often? Every: 1hr 2hr 3hr 4hr less often

Every: 12.5 mi 25 mi 50 mi

How much (each time): _____

27. Tack?

What type of saddle do you use?

Western type English type Endurance type other

Weight of saddle and additional gear?

<20lbs 20-30 30-40 >40lbs

28. Was any thing new done on ride day that was not mentioned above?

29. Describe your pace?

Fast moderate slow
(>75% trot/canter) (50-75% trot/canter) (<50% trot/canter)

On a scale from 1-5, with 1 being exceptional, 3 being average, and 5 being poor, rate how your horse performed up until the time it was pulled: _____

30. If pulled, provide the following:

Pulled at vet check# _____ Miles on course _____ lameness / metabolic

Or

Pulled on course between vet checks _____ after _____ miles completed

time pulled _____ average speed _____

At the vet check prior to being pulled, how long did it take for your horse's pulse to meet criteria (before hold time began):

<1 min 1-5 min 5-10 min 10-30 min >30 min

Was horse given more time to recover than the hold time (after meeting pulse criteria):

Y N How long: _____

Did the veterinarian discuss any concerns with you at the vet check before being Pulled: Y N

Concerns about: lameness metabolic problems other

Describe: _____

Did your horse have difficulty meeting pulse criteria or at the veterinary exam at any earlier check points: Y N

Describe: _____

At the time the horse was pulled, did you have any concerns about your horse's performance during this ride: Y N

Concerned about: lameness metabolic problem other

Describe: _____

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At the vet check when the horse was pulled, how long did it take for your horse's pulse to meet criteria (before hold time began, skip if pulled on trail):

<1 min 1-5 min 5-10 min 10-20 min 20-30 min

31. If your horse was pulled, were you surprised? Y N

Factors that you think may have contributed to the horse being pulled on this ride:

Post Ride

32. Did you complete the ride and your horse did not require or need veterinary treatment within 24 hours of the end of the ride? Y N

33. Did you complete the ride and your horse did require or need veterinary treatment within 24 hours of the end of the ride? Y N

Describe _____

Was your horse pulled? Y N What was the specific reason?

Lameness: Y N Leg _____ Diagnosis _____

Metabolic: Y N Dehydration Colic Tying-up
Thumps Failure to recover pulse Failed CRI Other

Describe: _____

Did you elect a rider-option withdrawal? Y N

Rider-option lameness Rider-option metabolic Rider-option rider

Was any treatment required at the ride? Y N

Lameness: First aid (bandage) NSAIDs Other medication Fluids

Metabolic: Fluids-NG tube Fluids-IV How much _____

NSAIDs Sedation Other medications

Describe progression of problem _____

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Was any further diagnostics pursued or treatment required following the ride (at home)? Y N

Veterinarian: _____ phone: _____

Lameness: lameness exam radiographs ultrasound other

Describe: _____

Release statement to share data for research purposes

On behalf of our research team, we would like to sincerely thank you for your efforts in completing this survey. By signing below, you acknowledge that you willingly participated in this research study by completing this survey and that the information provided can be used by the research team to further our overall goal of understanding why horses may “fail to finish” 100-mile rides.

Although we will maintain confidentiality of riders and owners that complete this form when data is reported in the future, by signing this form you are also providing permission for our research team to contact any veterinarians listed on page 13 that may have further evaluated your horse after the ride described in this form has been completed. You also are providing permission for these veterinarians to release copies of veterinary medical records on your horse to our team.

Rider/agent signature: _____ Date: _____
